

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007519

STATE FILE NUMBER

AMENDED

Registration District No. 288

FILED FEB 21 1962

Primary Registration District No. _____

Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Tennessee</u> b. COUNTY <u>Lauderdale</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fort Leonard Wood</u>		Length of stay in lb		c. CITY OR TOWN <u>Gate</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MONTELL HENDERSON</u>				4. DATE OF DEATH Month Day Year <u>February 13 1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negroid</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>13 Jan 1913</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (City and state or country) <u>Ripley, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Henderson (Deceased)</u>			13b. MOTHER'S MAIDEN NAME <u>Florida (Unknown) (Deceased)</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Henderson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>			16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>749 Hancock Place, LH, Daisy Henderson, Ft Leonard Wood, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Contusion, Severe</u> DUE TO (b) <u>Being struck by automobile</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Congestion and Edema, and Fracture of Pelvis</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Hit by automobile at Pulaski and Young Sts. LH.</u>			
20c. TIME OF INJURY Hour <u>8:26</u> Minute <u>26</u> p.m. Month, Day, Year <u>2-13-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		20f. CITY, TOWN, OR LOCATION <u>Fort Leonard Wood</u> COUNTY <u>Pulaski</u> STATE <u>Missouri</u>	
21. I attended the deceased <u>once</u> on <u>13 February 1962</u> and last saw him alive on <u>never</u> Death occurred at <u>8:40 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James D. Maberry</u> JAMES D. MABERRY, Captain, MC				22b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>		22c. DATE SIGNED <u>14 Feb 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Feb. 14, 62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		23d. LOCATION (City, town, or county) (State) <u>Hall, Tenn.</u>	
24. FUNERAL DIRECTOR <u>Carl J. Glenn</u>		ADDRESS <u>Rolla, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-14-62</u>		26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 19 1962

MAR 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.